

## Environmental and Archeological Assessment

TO: Cdr, 1st CAS Bn  
ATTN: ATZC-B-C  
Range Scheduling

THRU: Cdr, USAAGACENFB  
ATTN: ATZG-DOE  
Ft Bliss, TX 79816

FROM

Request the location described below be evaluated for environmental and archeological impact. Request approvals, changes and restrictions be noted as appropriate.

Signature (Unit Cdr/S-3)

Date \_\_\_\_\_

Type of operations: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Personnel: \_\_\_\_\_

Number of Vehicles: Total: \_\_\_\_\_ Track: \_\_\_\_\_ Wheel: \_\_\_\_\_

Maneuver Area	Activity	Grid Coordinates	Changes/Restrictions

REMARKS:

LOCATION FOR OPERATION/ACTION IS: \_\_\_\_\_  
(Note: Required for Off-Post units only)      ☐ Recommend approval      ☐ Recommend approval with changes

DPFMS Representative

Date \_\_\_\_\_

LOCATION FOR OPERATION/ACTION IS: ☐ Recommend approval ☐ Recommend approval with changes

DOE Representative

Date \_\_\_\_\_

Requesting unit agrees with and will implement the evaluation action with noted restrictions/changes.

Signature of Unit Representative